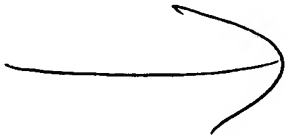


APPLICATION DATA SHEET

## APPLICATION INFORMATION

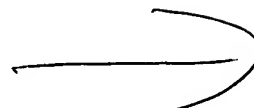
Application Number: Unknown  
Filing Date: March 10, 2005  
Application Type: National Phase  
Subject Matter: Utility  
Suggested Classification:  
Suggested Group Art Unit:  
CD-Rom or CD-R?: None  
Title: DEVICE FOR INFUSION THERAPY  
  
Attorney Docket Number: MOR-254-A  
Request Early Publication?: No  
Request Non-Publication?: No  
Suggested Drawing Figure:  
Total Drawing Sheets: Eight (8)  
Small Entity: Yes  
Petition Included?: No  
Petition Type:



## APPLICANT INFORMATION

Applicant Authority Type: Inventor  
Primary Citizenship Country: Japan  
Status: Full Capacity  
Given Name: Shinichiro  
Family Name: Yokoyama  
Name Suffix:  
City of Residence: Chiyoda-ku, Tokyo  
State or Province of Residence:  
Country of Residence: Japan  
Street of Mailing Address: 8-24, Kudan-minami 4-chome  
City of Mailing Address: Chiyoda-ku, Tokyo  
State of Mailing Address:  
Country of Mailing Address: Japan  
Postal or Zip Code of Mailing Address: 102-8275

Applicant Authority Type: Inventor  
Primary Citizenship Country: Japan  
Status: Full Capacity  
Given Name: Satoshi  
Family Name: Saito  
Name Suffix:  
City of Residence: Chiyoda-ku, Tokyo  
State or Province of Residence:  
Country of Residence: Japan  
Street of Mailing Address: 8-24, Kudan-minami 4-chome  
City of Mailing Address: Chiyoda-ku, Tokyo  
State of Mailing Address:  
Country of Mailing Address: Japan  
Postal or Zip Code of Mailing Address: 102-8275



Applicant Authority Type: Inventor  
Primary Citizenship Country: Japan  
Status: Full Capacity  
Given Name: Noboru  
Family Name: Fukuda  
Name Suffix:  
City of Residence: Chiyoda-ku, Tokyo  
State or Province of Residence:  
Country of Residence: Japan  
Street of Mailing Address: 8-24, Kudan-minami 4-chome  
City of Mailing Address: Chiyoda-ku, Tokyo  
State of Mailing Address:  
Country of Mailing Address: Japan  
Postal or Zip Code of Mailing Address: 102-8275

Applicant Authority Type: Inventor  
Primary Citizenship Country: Japan  
Status: Full Capacity  
Given Name: Daisuke  
Family Name: Kawabe  
Name Suffix:  
City of Residence: Toshima-ku, Tokyo  
State or Province of Residence:  
Country of Residence: Japan  
Street of Mailing Address: IR. Co., Ltd.  
City of Mailing Address: Toshima-ku, Tokyo  
State of Mailing Address:  
Country of Mailing Address: Japan  
Postal or Zip Code of Mailing Address: 171-0043



### CORRESPONDENCE INFORMATION

Correspondence Customer Number: 048980  
Name: Andrew R. Basile  
Street of Mailing Address: 3001 West Big Beaver Road  
Suite 624  
City of Mailing Address: Troy  
State or Province of Mailing Address: MI  
Country of Mailing Address: US  
Postal or Zip Code of Mailing Address: 48084  
Phone Number: 248-649-3333  
Fax Number: 248-649-3338  
E-Mail Address: basile@ybpc.com

### REPRESENTATIVE INFORMATION

Representative Customer Number:	048980	
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Or

Representative Designation:	Registration Number:	Representative Name:
Attorney	24753	Andrew R. Basile
Attorney	37113	Darlene P. Condra

### DOMESTIC PRIORITY INFORMATION

Application No.	Continuity Type	Parent Application	Parent Filing Date

### FOREIGN PRIORITY INFORMATION

Country	Application No.	Filing Date	Priority Claimed:
WIPO	PCT/JP2003/012917	Oct. 8, 2003	Yes
Japan	JP/2002-335,252	Nov. 19, 2002	Yes

ASSIGNEE INFORMATION

Assignee Name: Nihon University  
Street of Mailing Address: 8-24, Kudan-minami 4-chome  
City of Mailing Address: Chiyoda-ku, Tokyo  
State or Province of Mailing Address:  
Country of Mailing Address: Japan  
Postal or Zip Code of Mailing Address: 102-8275